



**PUBLIC INFORMATION
BUREAU OF AUTOMOTIVE REPAIR
PUBLIC REQUEST FORM**

Please mail request form and payment (CHECK or MONEY ORDER) to:
Department of Consumer Affairs, Public Information Unit, C/O Cashiering Unit
P.O. Box 989004, West Sacramento, CA 95798

Mail Quick Shipment Deliveries (e.g., overnight, priority) to:
Department of Consumer Affairs, Public Information Unit, C/O Mailroom
1625 North Market Boulevard, Suite N-117, Sacramento, CA 95834

Phone: (916) 574-8150 Fax: (916) 574-8603 Email: public_sales@dca.ca.gov Web: www.dca.ca.gov/consumer/public_info

| DCA USE ONLY | |
|------------------------|-------|
| Date Rec'd | _____ |
| Req # | _____ |
| Job # | _____ |
| Letter of Intent Rec'd | _____ |
| Date | _____ |
| Initials | _____ |

Requestor Information: (Please always include email and/or fax contact information for Quick Shipment requests)

Name: _____ Email Address: _____

Phone Number: _____ Fax Number: _____

☐ **Email or Fax Confirmation:** (Please check if requesting an email or fax confirming receipt of your request and payment.)

Shipping Information: (Please provide a mailing address for shipment)

Name: _____ Company: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone Number: _____ Check/MO Number: _____ Amount: \$ _____

Quick Shipment: (Paid for by Requestor. Enter vendor name, account # to be billed, and shipping priority method. Include vendor shipping label with request form; otherwise, order will be shipped via standard United States Mail. Not available to P.O. Boxes. **Please provide the Public Information Unit with the tracking number and expected delivery date for incoming packages.**)

Vendor: _____ Account #: _____ Priority Method: _____

A Bureau of Automotive Repair (BAR) license file contains information on specific license type(s), business type(s), and/or location(s) listed under the BAR throughout California (for business resident licensees and individual resident and non-resident licensees), based on available selection and sorting options. BAR files include the licensee's full business or individual name, full address, license type, original issue date, license year, expiration date, business owner's name (if applicable), business phone number, business type, Bar90 Shop indicator (if applicable), field office location, and station or mechanic type and license number (if applicable). Additional selection options are listed below. **Please refer to [Information and Rates](#) for general information.**

The cost for a Compact Disc (CD) or an email file is **\$245.00**. The turn around time is four to six weeks from the day the Public Information Unit receives the request form, with **full payment**. Fees are non-refundable unless there is a defect in the product. **Replacement data is not applicable after five business days following the mailing of the output.** For refunds under \$10.00, the Requestor must submit a written request to the Public Information Unit, due to accounting requirements. Please allow 90 days for all refunds.

Selection Options:

(Unless specified, **ALL** fields will be provided for the options below.)

[License Types:](#) _____

[Geographic Locations:](#) _____

Date Ranges: _____

[Business Types:](#) _____

(Unless specified, **NO** fields will be provided for the option below.)

☐ License Numbers (**This box must be checked for license numbers to be included.**)

(Unless specified, only current renewable licenses will be provided for the option below.)

[Primary Status Codes](#) (Please specify): _____

Sorting Sequence: (Unless specified, data will be sorted by license number. More than one box may be checked. Data will be sorted based on sorting selections and on the order listed below.)

☐ License Type ☐ County ☐ City ☐ Zip Code ☐ Name ☐ License Number

Data Output Types:

☐ CD (Please circle preference.) ASCII text Excel Word for Avery 5160 Labels

☐ Email File (Please circle preference.) ASCII text Excel Word for Avery 5160 Labels Email address: _____

☐ If using a mailing house, a checkmark in this box confirms compatibility with the requested data.

Special Instructions: _____

DCA USE ONLY

COST _____ COUNT _____ DATE SENT _____